

Exhibit - A
Part 1

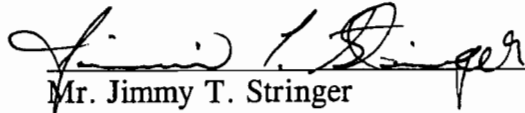
It is agreed that Attorneys have made no guarantees regarding the successful termination of this matter, and that any expression relative thereto, is a matter of opinion only.

Attorneys are authorized to associate, for the performance of any act pursuant to this retainer, any licensed attorney or firm in Attorney's discretion, with notice to the Client. No additional fee shall be charged if additional attorneys are associated.

Attorneys shall have full power and authority to settle, compromise, or take such other action as Attorneys might deem proper for the best of interests of the Client, provided that no settlement shall be made without the consent of Client. The Attorneys, as attorney-in-fact, shall have full power to execute any and all instruments and documents to consummate the settlement on behalf of or in the name of Client. In particular, Attorneys are authorized to negotiate any checks or other instruments that are payable to Client, and Attorneys may deduct from such amounts any fee to which they may be entitled. Attorneys are further authorized to pay from the proceeds of said recovery any and all expenses which are unpaid at the time of disbursement of the proceeds.

The parties have evidenced their agreement to this contract by their signatures below.

This 8 day of 30, 2000.


Mr. Jimmy T. Stringer
3020 Sylvan Road
Hapeville, GA 30254
(404) 305-0097

JACOBS AND SLAWSKY, P.A.

BY: 
NORMAN J. SLAWSKY

Part 5

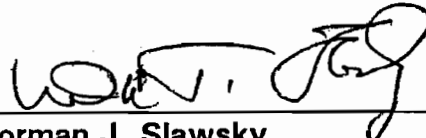
CERTIFICATE OF SERVICE

I certify that I have served a true and correct copy of the foregoing Notice of Dismissal upon the below listed counsel of record by first class mail, postage prepaid:

**Carl H. Triesmann, Esq.
Schnader, Harrison, Segal & Lewis, LLP
SunTrust Plaza, Suite 2800
303 Peachtree Street
Atlanta, GA 30308-3252**

**Catherine M. Banich, Esq.
Stites & Harbison, PLLC
3350 Riverwood Parkway
100 Riverwood Building, Suite 1700
Atlanta, GA 30339**

This the 17th day of April, 2003.


Norman J. Slawsky

1+10 COPY

EXHIBIT-A

GEORGIA
FULTON COUNTY

SUPERIOR

COURT OF FULTON COUNTY
(Civil Division)

Jimmy T. Stringer

P.O. Box 1421

Oakland Ca. 94604

(Plaintiff's Name and Address)

vs.

Attorney Edmund Slawsky

1950 Lignite Ave 100 Peachtree

Street Atlanta Ga. 30303-1916

(Defendant's Name and Address)

SUMMONS

TYPE OF SUIT	AMOUNT OF SUIT
<input type="checkbox"/> Account	Principal \$ <u>25,702,970.30</u>
<input type="checkbox"/> Contract	
<input type="checkbox"/> Note	Interest \$ <u>1,70</u>
<input checked="" type="checkbox"/> Tort	
<input type="checkbox"/> Trover	Atty. Fees \$ <u>unclear cost</u>
<input type="checkbox"/> Special Lien	
<input type="checkbox"/> Foreign Judgment	Ct. Costs \$ <u>open to adjust</u>
<input checked="" type="checkbox"/> Personal Injury	

TO THE ABOVE NAMED-DEFENDANT:

You are hereby required to file with the Clerk of said court and to serve a copy on the Plaintiff's Attorney, or on Plaintiff if no Attorney, to-wit:

settlement \$25,702,970.30

Jimmy Stringer

(Name)

P.O. Box 1421

(Address)

50-452-3052

(Phone No.)

an answer to the complaint which is herewith served on you, within (30) days after service on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint, plus cost of this action.

This

Deputy Clerk

DEFENSE MAY BE MADE, AND JURY TRIAL DEMANDED, if desired, in the Clerk's Office at TG100, 185 Central Avenue, SW, (Between MLK, Jr. Drive and Mitchell Street), Atlanta, Georgia 30303.

If the sum claimed in the suit, or value of the property sued for, is \$300.00 or more Principal, the defendant must admit or deny the paragraphs of plaintiff's petition by making written Answer. Such paragraphs undenied will be taken as true. If the plaintiff's petition is sworn to, or if suit is based on an unconditional contract in writing, then the DEFENDANT'S ANSWER MUST BE SWORN TO.

If the principal sum claimed in the suit, or value of the property sued for, is less than \$300.00 and is on a note, unconditional contract, account sworn to, or the petition sworn to, defense must be made by filing a sworn Answer setting up the facts relied on as a defense.

SERVED: This 31 day of Jan, 20 08.

DEPUTY MARSHAL STATE COURT OF FULTON COUNTY

(Staple to front of SERVICE COPY of complaint)

PRAYER FOR RELIEF

CERTIFICATE OF SERVICE

I CERTIFY THAT PLAINTIFF HAVE SERVED A TRUE AND CORRECT COPY OF THE FOREGOING MONETARY SETTLEMENT AGREEMENT PETITION. BY THE UNITED STATES POSTAL MAIL TO THE FOLLOWING: ATTORNEY SLAWSKY, SUPERIOR COURT OF FULTON COUNTY GEORGIA AND JUDGE DEMPSEY JR.

ATTORNEY SLAWSKY
1401 PEACHTREE STREET, SUITE 283
ATLANTA, GA. 30309

TIME: 10:50 am / 12:07 pm
DATE: 1-29-07 / 20 May 08 2007
DELIVERY CONFIRMATION# 7006 2150 0005 0354 2954
2d enc = :
7006 3450 0001 6406 6527

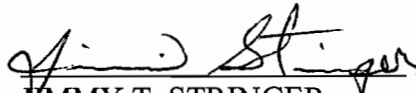
JUDGE ALFORD J.DEMPSEY JR.
SUITE 5855
JCT-JUSTICE CENTER TOWER
185 CENTRAL AVENUE, SW
ATLANTA, GA 30303

TIME: 1:31 pm
DATE: May 07, 2007
DELIVERY CONFIRMATION# 2305 0270 0001 8563 0040

CLERK OF FILING DEPARTMENT
FULTON COUNTY SUPERIOR COURT
136 PRYOR STREET, SW
ATLANTA, GA, 30303

TIME: 12:07 pm
DATE: May 07, 2007
DELIVERY CONFIRMATION# 7006 3450 0001 6406 6510

DATE: _____


JIMMY T. STRINGER
P.O.BOX 1421
OAKLAND, CA. 94604
510-302-8243

[Track & Confirm](#)[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: 7006 2150 0005 0354 2954
Status:

Your item was delivered at 10:50 am on January 29, 2007 in ATLANTA, GA 30309. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

[Restore Offline Details >](#)

[Return to USPS.com Home >](#)

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) SANTIAGO B. Date of Delivery</p> <p>C. Signature [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: Norman Slawsky bar # 652225 1401 Peachtree St. Suite 238 Atlanta Ga. 30309</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7006 2150 0005 0354 2954</p>			
PS Form 3811, March 2001		Domestic Return Receipt 102595-01-M-142	

8/23/2007

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Norman Slawsky
bar #652225
401 Peachtree St
Suite 283
Atlanta Ga. 30309

2. Article Number (Transfer from service label) 7006 2150 0005 0354 2954

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-140

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SAINT AGO B. Date of Delivery

C. Signature [Signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Clerk of Filing Dept.
Fulton County Superior Court
136 Pryor St. SW.
Atlanta Ga. 30303
CO 32406224

2. Article Number (Transfer from service label) 7006 3450 0001 6406 6510

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery 5-7-07

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Norman Slawsky
401 Peachtree St.
Suite 283
Atlanta, Ga. 30309

2. Article Number (Transfer from service label) 7006 3450 0001 6406 6527

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) SAINT AGO C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

USPS Signature Confirmation Receipt

Postage and Signature Confirmation fees must be paid before mailing.

Article Sent for (To be completed by mailer)

SIGNATURE CONFIRMATION NUMBER: 2305 0270 0001 6563 0040

185 Certified Return, SL
 Atlanta, Ga. 30303
 Justice Center Tower
 Judge Alfred S. Byrd, Jr. Suite 583
 30303

A. Bill
 5347
 45

PS Form 3811, February 2004

(See Reverse)

POSTAL CUSTOMER: Keep this receipt. For inquiries: Access Internet web site at www.usps.com or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)
☐ Priority Mail Service
☐ First-Class Mail parcel
☐ Package Services parcel


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[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: 2305 0270 0001 8563 0040

Status:

Your item was delivered at 1:31 pm on May 07, 2007 in ATLANTA, GA 30303. The item was signed for by A DAILEY.

Additional information for this item is stored in files offline.

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)
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[Return to USPS.com Home >](#)

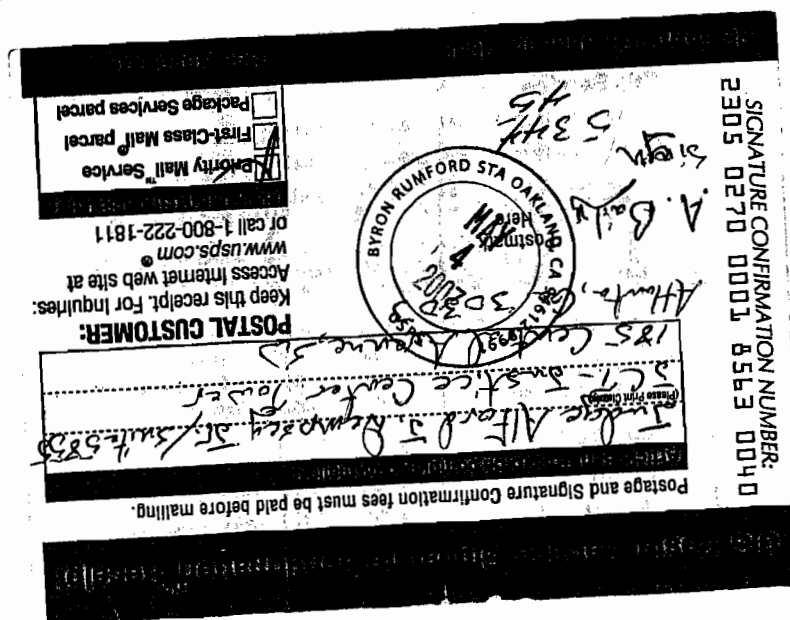
Notification Options

Proof of Delivery

Verify who signed for your item by email, fax, or mail.

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U.S. Postal Service Signature Confirmation Receipt

Postage and Signature Confirmation fees must be paid before mailing.

Article Sent to: (To be completed by mailer)

Judge Alfred J. Dempsey Jr. Suite 583
507 Justice Center Tower
185 Central Avenue SW
Atlanta, Ga 30330

POSTAL CUSTOMER:

Keep this receipt. For inquiries
Access Internet web site at
www.usps.com or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

☒ Priority Mail Service☐ First-Class Mail parcel☐ Package Services parcel☐ Signature Confirmation☐ Registered Mail☐ Insured Mail☐ Return Receipt☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐ Signature ConfirmationA. Bailey
Sign 5344
45

PS Form 3811, January 2005

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: Norman Slawsky
1401 Peachtree St.
Suite 283
Atlanta, Ga 30309

2. Article Number
(Transfer from service label)

7006 3450 0001 6406 6527

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
SANTIAGO
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: Clerk of Filing Dept.
Fulton County Superior Court
136 Pryor St. SW.
Atlanta, Ga 30303
C032406224

2. Article Number
(Transfer from service label)

7006 3450 0001 6406 6510

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
R. Thomson
5-7-07
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: Norman Slawsky
Bar # 652225
1401 Peachtree St
Suite 238
Atlanta, Ga 30309

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
SANTIAGO
C. Signature ☒ Agent
☒ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes


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Label/Receipt Number: 7006 2150 0005 0354 2954
Status:

Your item was delivered at 10:50 am on January 29, 2007 in ATLANTA, GA 30309. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

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Enter Label/Receipt Number.

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) SANTIAGO B. Date of Delivery</p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: Norman Slawsky Bar # 652225 1461 Peachtree St. Suite 238 Atlanta Ga. 30309</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2150 0005 0354 2954</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-142</p>	

8/23/2007 2:5

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Norman Slavsky**41 Peachtree St**Atlanta Ga. 30309*

2. Article Number

(Transfer from service label)

7006 2150 0005 0354 2954

Domestic Return Receipt

102595-01-M-142

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Norman Slavsky**41 Peachtree St**Atlanta, Ga. 30309*

2. Article Number

(Transfer from service label)

7006 3450 0001 6406 6527

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Clerk of Filing Dept.**Fulton County Superior Court**136 Pryor St. SW.**Atlanta, Ga. 30303*

2. Article Number

(Transfer from service label)

7006 3450 0001 6406 6520

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

(See Reverse)

5002/January 1995/USPS

Package Services parcel

First-Class Mail parcel

Priority Mail Service

Access Internet web site at

1181-222-222-008-1 or call

Access Internet web site at

POSTAL CUSTOMER:

For inquiries:

inquire by phone, fax, or e-mail

Access Internet web site at

Article 1

Postage and Signature Confirmation fees must be paid before mailing.

U.S. Postal Service Signature Confirmation Receipt

SIGNATURE CONFIRMATION NUMBER 8505 0270 0001 8563 0040



1181-222-222-008-1 or call
Access Internet web site at
1181-222-222-008-1 or call
Access Internet web site at
POSTAL CUSTOMER:
For inquiries:
inquire by phone, fax, or e-mail
Access Internet web site at
Article 1


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Search Results

Label/Receipt Number: 7006 3450 0001 6406 6527

Status:

Your item was delivered at 12:07 pm on May 08, 2007 in ATLANTA, GA 30309. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

Track & Confirm

Enter Label/Receipt Number.

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature 	
1. Article Addressed to: <i>Norman Slawsky</i> <i>1401 Peach Tree St</i> <i>Suite 283</i> <i>Atlanta, Ga. 30309</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>SANTIAGO</i> C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

102595-02-M-1540

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature

X *Chela Santiago*☐ Agent☐ Addressee

B. Received by (Printed Name)

SANTIAGO

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

1. Article Addressed to: *Norman Slawsky*
1401 Peach Tree St.
Suite 283
Atlanta, Ga. 30309

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 3450 0001 6406 6527

S Form 3811, February 2004.

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly)

SANTIAGO

B. Date of Delivery

C. Signature

X *Chela Santiago*☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

1. Article Addressed to: *Norman Slawsky*
Bar #652225
401 Peachtree St
Suite 238

Atlanta Ga. 30309

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 2150 0005 0354 2954

S Form 3811, March 2001

Domestic Return Receipt

102595-01-M-142

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature

X *Chela Santiago*☐ Agent☐ Addressee

B. Received by (Printed Name)

R. Thompson

C. Date of Delivery

*5-7-07*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

Article Addressed to: *Clerk of Filing Dept.*
Wilkinson County Superior Court
36 Pryor St. SW.
Atlanta, Ga. 30303
032406224

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

7006 3450 0001 6406 6510

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service Signature Confirmation Receipt

Postage and Signature Confirmation fees must be paid before mailing.

Article Sent to (Do not complete by mailer)

Judge Alford J. Dempsky Jr. Suite 5830
201 Justice Center Tower
185 Capital Avenue, SW
Atlanta, Ga 30330

POSTAL CUSTOMER:

Keep this receipt. For inquiries:

Access Internet web site at

www.usps.com

or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

☒ Signature Confirmation☐ Registered Mail☐ First-Class Mail parcel☐ Package Services parcel

A. Bailey
Sign = 344
45

SIGNATURE CONFIRMATION NUMBER: 0400 6958 7000 0220 5052

Part-4
10.2.

STATE BAR OF GEORGIA
OFFICE OF THE GENERAL COUNSEL

WILLIAM P. SMITH, III
General Counsel
Bar Counsel
ROBERT E. McCORMACK
Deputy General Counsel
JOHN J. SHIPTENKO
Assistant General Counsel



Disciplinary Counsel
PAULA J. FREDERICK
Deputy General Counsel
JENNY K. MITTELMAN
JONATHAN HEWETT
Sr. Assistant General Counsel

GENE CHAPMAN
ELIZABETH M. WILLIAMSON
KELLYN O. MCGEE
Assistant General Counsel
REBECCA A. HALL
Grievance Counsel

August 25, 2004

Bill Smith
Director

Kathy Smith

CONFIDENTIAL

Mr. Jimmie Stringer
1843 Markone Street, N.W.
Atlanta, GA 30318

Re: Grievance filed against Mr. Norman J. Slawsky, Bar# 652225
1950 Equitable Bldg 100 Peachtree Street, Atlanta, GA 30303-1916

Dear Mr. Stringer:

Enclosed is a copy of Mr. Slawsky's response to your grievance. At this time I invite you to rebut the response and add any additional facts to the file that you believe may be relevant.

Please send your response no later than September 12, 2004.

Thank you for your cooperation during the informal investigation of this grievance.

Sincerely,

Rebecca A. Hall

Rebecca A. Hall
Grievance Counsel

Kathy Smith
ass

RAH:chp
cc: Norman J. Slawsky

STATE BAR
OF GEORGIA

CONSUMER ASSISTANCE PROGRAM



November 19, 2004

CONFIDENTIAL

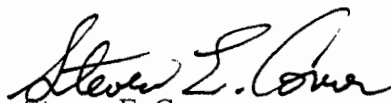
Mr. Jimmie Stringer
1843 Markone Street
Atlanta, GA 30318

Dear Mr. Stringer,

Thank you for your letter received November 18, 2004. The State Bar of Georgia has no jurisdiction in this matter. I suggest you consult with legal counsel in your area about your concerns.

The Consumer Assistance Program (CAP) keeps correspondence for only thirty days. After that, it is destroyed.

Sincerely,


Steven E. Conner
Assistant Director, CAP

SEC/bd

CERTIFICATE OF SERVICE

I certify that I have served a true and correct copy of the foregoing Notice of Dismissal upon the below listed counsel of record by first class mail, postage prepaid:

**Carl H. Triesmann, Esq.
Schnader, Harrison, Segal & Lewis, LLP
SunTrust Plaza, Suite 2800
303 Peachtree Street
Atlanta, GA 30308-3252**

**Catherine M. Banich, Esq.
Stites & Harbison, PLLC
3350 Riverwood Parkway
100 Riverwood Building, Suite 1700
Atlanta, GA 30339**

This the 17th day of April, 2003.

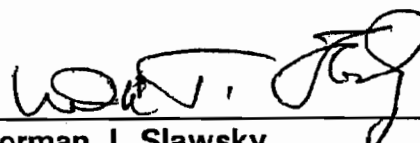
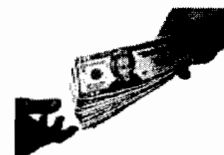
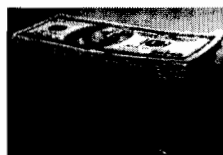

Norman J. Slawsky

Exhibit-A

CampaignMoney.com



Enter a Zip Code GO See \$\$\$ Contributors From Your Zip Code

☐ Email this Page

Home

Money Search

Presidential Candidates

About

Data Updated

BuyBarnett

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National direct shipping
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Automated Voter Calls

Lowest price. Huge capacity.
Instant set up. 800-962-0126
www.voiceshot.com

McCain Huckabee Landslide

Imagine November headlines.
GOP McCain Huckabee win by a
landslide.
www.capitolshoppingmall.com

Know Your Customers

Retail marketing database system
Hosted campaign mgmt. for
retailers
www.CentricData.com

Norman Slawsky Political Campaign Contributions 2004 Election Cycle

Contribution Totals

Download Data

Download all contribution records for this person
from 1999 to present
To a Spreadsheet or Other File Type

Locate This Person

Current address and phone available. Search free.
www.usa-people-search.com

2008 Contribution Count/Amount	0/\$0
2006 Contribution Count/Amount	0/\$0
2004 Contribution Count/Amount	5/\$2,204
2002 Contribution Count/Amount	3/\$1,250
2000 Contribution Count/Amount	0/\$0

Buy Barnett Wines

and small-production CA wines National direct shipping
www.porthos.com

100 Signs \$120 Completed

Print & Ship The Same Day, Free Quick Design Proof, No Set-up
Fee
www.YardSignWholeSale.com

Download Data

Download all contribution records for this person
from 1999 to present
To a Spreadsheet or Other File Type

Automated Voter Calls

Lowest price. Huge capacity. Instant set up. 800-962-0126
www.voiceshot.com

Se
Contributo
Name
Employer
City
County
Zip Code
State
Candidates
Name
Party
State
Committee
Name
Category
"527" Orga
Contribut
Contribut
Organiza
Lobbyists:
Name
Client
Dire
Top \$\$\$
Contribut
Candidat
Committ
527 Orga
Re

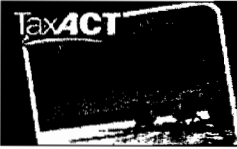
Celebrity C
Aaron So
Andrew I
Arnold P
Arnold
Schwarzen
Ben Affle
Bill Cosb
Bill Gate
Calvin Kl
Dennis K
Donald T
George S

Norman Slawsky Contribution List in 2004

Name & Location	Employer/Occupation	Dollar Amount	Date	Primary/General	Contributed To
Slawsky, Norman ATLANTA, GA 30303	Jacobs Slawsky & Barnett/Attorney	\$250	10/27/2004	G	FRIENDS OF JOHN BARROW - Democrat

<u>Slawsky, Norman J</u> ATLANTA, GA 30306	Attorney	\$204 09/27/2004 P	<u>DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE - Democrat</u>
<u>Slawsky, Norman J</u> ATLANTA, GA 30306	Attorney/Jacobs Slawsky & Barnett	\$500 07/16/2004 P	<u>JOHN KERRY FOR PRESIDENT INC - Democrat</u>
<u>Slawsky, Norman J</u> ATLANTA, GA 30306		\$250 07/01/2004	<u>FRIENDS OF DAVID WORLEY - Democrat</u>
<u>Slawsky, Norman J</u> ATLANTA, GA 30306	Attorney/Jacobs Slawsky & Barnett	\$1,000 04/21/2004 P	<u>JOHN KERRY FOR PRESIDENT INC - Democrat</u>

Hugh Hef
 Jack Gru
 Jeff Skill
 John Gris
 John Rigi
 Ken Lay
 Martha S
 Mel Gibso
 Oprah W
 Ralph La
 Richard S
 Rush Lim
 Sam Wak
 Scott Sul
 Steven S
 Tom Crui
 Tommy H
 Industry C
 CEO/Chie
 College F
 Journalis
 Trial Law
 Mortgage
 Futures &
 Stock Bro
 Options I
 Life Insu
 Health Ir
 Auto Ins
 Securitie
 Mortgages
 Banks
 Boats & Yac
 Commercial
 Tax Exempt
 Patents
 Government
 Fuel Econom
 Government
 Executive Co
 Aircraft Sale
 Software
 Baseball C
 New York
 Boston R
 Chicago C
 Notable Po
 George V
 John Ker
 Ralph Na
 Hillary Cl
 Companies
 Microsoft
 CNN
 Apple Co
 New York
 News Co



What will you do with your refund?

NEWS

AMERICA'S MOST POPULAR CAMPAIGN DONOR SEARCH ENGINE

Donor Search Candidates Hall of Fame Web Search 2008 Watch

CAMPAIGN CONTRIBUTION SEARCH (individual donations of \$200 or more since 1978)

Contributor last name First name (optional) State Show all donors by zip
Slawsky Norman United States or 30306

Hall of Fame David Crosby (\$4,500) Toni Morrison (\$1,000) Linda Gray (\$6,500) P

Norman Slawsky » GA » 30306

Contributor	Candidate or PAC	Amount	Date	FEC Filing
Slawsky, Norman Atlanta, GA 30306 Jacobs Slawsky & Barnett/Attorney	BARROW, JOHN J (D) House (GA 12) FRIENDS OF JOHN BARROW	\$200 general	08/09/06	
Slawsky, Norman Atlanta, GA 30306 Jacobs Slawsky & Barnett/Attorney	BARROW, JOHN J (D) House (GA 12) FRIENDS OF JOHN BARROW	\$250 general	10/27/04	
Slawsky, Norman Atlanta, GA 30306 Attorney	DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE (D)	\$204 primary	09/27/04	
Slawsky, Norman J Atlanta, GA 30306 Attorney/Jacobs Slawsky & Barnett	KERRY, JOHN F (D) President JOHN KERRY FOR PRESIDENT INC	\$500 primary	07/16/04	
Slawsky, Norman Atlanta, GA 30306	WORLEY, DAVID JAMES (D) House (GA 13) FRIENDS OF DAVID WORLEY	\$-250	07/01/04	
Slawsky, Norman J Atlanta, GA 30306 Attorney/Jacobs Slawsky & Barnett	KERRY, JOHN F (D) President JOHN KERRY FOR PRESIDENT INC	\$1,000 primary	04/21/04	
Slawsky, Norman Atlanta, GA 30306 Jacobs Slawsky & Barnett/Attorney	WORLEY, DAVID JAMES (D) House (GA 13) FRIENDS OF DAVID WORLEY	\$250	02/08/02	
Slawsky, Norman Atlanta, GA 30306 Jacobs Slawsky & Barnett/Attorney	WORLEY, DAVID JAMES (D) House (GA 13) FRIENDS OF DAVID WORLEY	\$500 primary	02/08/02	
Slawsky, Norman Atlanta, GA 30306 Jacobs Slawsky & Barnett/Attorney	WORLEY, DAVID JAMES (D) House (GA 13) FRIENDS OF DAVID WORLEY	\$500 primary	11/29/01	

Receive an alert every time new records are added to this search for Norman Slawsky.

Your Email

Data Provided by the Federal Election Commission as of 2/4/08 — 14,278,043 records.
All of the information provided here is as reported to the FEC by the campaigns and committees.
Reports and statements filed by political committees may be inspected and copied by anyone. The
names and addresses of individual contributors, however, may not be sold or used for any
commercial purpose or to solicit any type of contribution or donation, such as political or charitable
contributions. 2 U.S.C. §438(a)(4); 11 CFR 104.15. This restriction applies to Federal reports and
statements. Any person who violates this restriction is subject to the penalties of 2 U.S.C. §437g.

Rent Movies From Netflix



NEWSMAKERS

political donations of today's newsmakers

Bill Belichick	Meg Whitman
Stevie Wonder	George Clooney
will.i.am	Dr Phil
Sylvester Stallone	Nolan Ryan
Sean Young	Maria Shriver
Tony Rezko	Caroline Kennedy

2008 DELEGATE COUNT

as of 02/11/08

REPUBLICANS (1,191 needed to win)

John McCain	723	58%
Mitt Romney	286	23%
Mike Huckabee	217	17%
Ron Paul	16	1%

DEMOCRATS (2,025 needed to win)

Hillary Clinton	1,148	50%
Barack Obama	1,121	49%
John Edwards	26	1%
Mike Gravel	0	0%

tally includes superdelegates

source: CNN.com

US WAR SHEET

	Iraq	Afghanistan
Days	1,790	2,318
GIs Killed in Action	3,216	282
Non-Hostile GI Deaths	734	132
GIs Severely Wounded	13,013	1,133
Current Troop Deployment	158,000	30,000
Total Cost (approved through Sept 2008)	\$488 Bln	\$156 Bln
Cost Per Day (Avg)	\$241 Mil	\$61.2 Mil

casualty status updated February 7, 2008

<u>HUDDLESTON, CHARLES T</u>	ARNALL GOLDEN GREGORY LLP	\$300 03/06/2002 P	<u>ERSKINE BOWLES FOR US SENATE - Democrat</u>
<u>NEWTON, KENNETH</u>		\$500 03/05/2002 P	<u>FRIENDS OF MAX CLELAND FOR THE US SENATE INC - Democrat</u>
<u>Malmborg, Robert</u>	American Court Reporting/Owner	\$250 03/05/2002 P	<u>FRIENDS OF DAVID WORLEY - Democrat</u>
<u>Mary Davis</u>	CH2Hill/CONSULTANT	\$1,000 03/04/2002 P	<u>GEORGIA FEDERAL ELECTIONS COMMITTEE</u>
<u>BALLOUN, J. MARK Mr.</u>	Delta Air Lines Inc./Vice President	\$1,000 02/21/2002 P	<u>DELTA AIRLINES INC POLITICAL ACTION COMMITTEE</u>
<u>Lauth III, Thomas</u>	Long Aldridge and Norman/Attorney	\$1,000 02/20/2002 P	<u>DARDEN FOR CONGRESS - Democrat</u>
<u>Hollis, Julius H.</u>	Hollis & Company LLC/President/ CEO	\$1,000 02/19/2002 P	<u>DAVID SCOTT FOR CONGRESS - Democrat</u>
<u>Hollis, Julius H.</u>	Hollis & Company LLC/President/ CEO	\$1,000 02/19/2002 G	<u>DAVID SCOTT FOR CONGRESS - Democrat</u>
<u>EDISON, MARGARET</u>	ATLANTA PUBLIC SCHOOL SYSTEM	\$500 02/19/2002 P	<u>FRIENDS OF MAX CLELAND FOR THE US SENATE INC - Democrat</u>
<u>ANDERSON, LOUIS</u>	PHYSICIAN	\$900 02/19/2002 P	<u>FRIENDS OF MAX CLELAND FOR THE US SENATE INC - Democrat</u>
<u>Witcher, Thomas M.</u>		\$250 02/14/2002 P	<u>MAJETTE FOR CONGRESS INC - Democrat</u>
<u>Pararo, Stephen W. Mr.</u>	Pineapple House/Designer	\$600 02/13/2002 P	<u>HUMAN RIGHTS CAMPAIGN FUND POLITICAL ACTION COMMITTEE</u>
<u>FULLER, SHERI M</u>	MIRANT CORPORATION/PRESIDENT & CEO	\$416 02/13/2002 P	<u>MIRANT CORPORATION PAC INC.</u>
<u>John Hutcheson Jr</u>	The Research Group Inc./CONSULTANT	\$400 02/12/2002 P	<u>GEORGIA FEDERAL ELECTIONS COMMITTEE</u>
<u>TRYBA-COFRIN, CHRISTINE</u>		\$500 02/12/2002 P	<u>CHELLIE PINGREE FOR US SENATE - Democrat</u>
<u>Ellis, Elizabeth Dr.</u>	Self/Psychologist	\$500 02/11/2002 P	<u>EMILY'S LIST</u>
<u>Ellis, Elizabeth Dr.</u>	Self/Psychologist	\$500 02/11/2002 P	<u>EMILY'S LIST</u>
<u>Ellis, Elizabeth M.</u>	Self/Psychologist	\$500 02/11/2002 P	<u>FRIENDS OF MARGARET WORKMAN - Democrat</u>
<u>Collins, Jeffrey J</u>		\$250 02/11/2002 P	<u>LIBERTARIAN NATIONAL COMMITTEE INC</u>
<u>Ellis, Elizabeth M</u>	Self/Psychologist	\$500 02/11/2002 P	<u>RIVERS FOR CONGRESS - Democrat</u>
<u>Slawsky, Norman</u>	Jacobs Slawsky & Barnett/Attorney	\$250 02/08/2002	<u>FRIENDS OF DAVID WORLEY - Democrat</u>
<u>Slawsky, Norman</u>	Jacobs Slawsky & Barnett/Attorney	\$500 02/08/2002 P	<u>FRIENDS OF DAVID WORLEY - Democrat</u>
<u>Witcher, Thomas M.</u>	Self-Employed/Attorney	\$250 02/08/2002 P	<u>MAJETTE FOR CONGRESS INC - Democrat</u>
<u>Huddleston, Charles T.</u>	Arnall Golden Gregory LLP/Attorney	\$500 02/04/2002 P	<u>MAJETTE FOR CONGRESS INC - Democrat</u>
<u>BACCUS, SANDRA A</u>	HOMEMAKER	\$1,000 02/04/2002 P	<u>RON KIRK FOR U.S. SENATE - Democrat</u>

Exhibit-B
Part-1,2,3,4

Exhibits B-1 *Prescriptions*



Ints 1 to 11

Name: _____
MR #: _____

DME 20% COPAYMENT WORKSHEET

IMPRINT AREA

Your Health Plan coverage includes a copayment for the equipment that has been prescribed to you.

Please take this form to the Outpatient Registration Desk.

The copayment is due at the time of your visit. A \$5 administrative fee is assessed when payment is not made at the time of your non-Emergency Department visit.

Please note: copay is non-refundable.

✓		Durable Medical Equipment	If Foundation Systems Benefit Service equals:	Then DME Copay is:	Reg Plus Record Ancillary
					Service Code
	1	Crutch(es)	DME DMEBASE 20.0%	\$3.00	K6
<i>2</i>	2	Cane, Wood	DME DMEBASE 20.0%	\$1.00	K6
<i>✓</i>	3	Cane, Aluminum	DME DMEBASE 20.0%	\$5.00	K6
	4	Overdoor Traction Unit	DME DMEBASE 20.0%	\$3.00	K6
	5	Ankle/Foot Orthosis, Standard	P&O P&OFORM 20.0%	\$6.00	K6
	6	Ankle/Foot Orthosis, Super Lite	P&O P&OFORM 20.0%	\$4.00	K6

To be Completed by Receptionist:

☐ Paid ☐ Billed, plus \$5 administrative fee ☐ ED, billed, no administrative fee

PRINT REG PLUS USER ID

1. Receptionist retains Member/Receptionist copy.

THIS IS NOT A RECEIPT.

Member/Receptionist

Kaiser Foundation Health Plan Pharmacy (510)752-1033

3801 Howe St. 3rd FL OAKLAND

Refill: (510)752-7651

Rx# 116 960752

Dr. SHARPTON, THOM

CYCLOBENZAPRINE 10MG TABLETS

For: FLEXERIL

Qty: 100 TABS

film-coated yellow round tablet "PLIVA/563"

Take 1 tablet orally 3 times a day when
needed for muscle spasm

57 HIGH 03/03 END

New: 03 Refill: 00 TI:13:59 In:14:00

STRINGER, JIMMY T.

CICk#: A 07360 01085 MR# XXXX0857

JIMMY	u&c	*	116 960750	\$	62.25	NM
JIMMY	u&c	*	116 960751	\$	21.75	NM
JIMMY	u&c	*	116 960752	\$	23.20	NM

50111-0563-01

*PTS id -
non member*

STRINGER, JIMMY T.

26Dec07

Refills Left: 0 Please call 48 hours in advance

Mfg: PLIVA, INC Discard After:

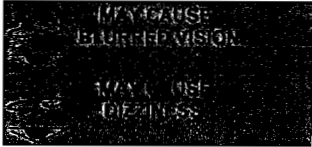
Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed

26Dec07 Total Price: \$107.20



Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed

COUNSEL


OBTAIN MEDICAL ADVICE
BEFORE TAKING NONPRESCRIPTION
DRUGS. SOME MAY AFFECT THE
ACTION OF THIS MEDICATION.
MAY CAUSE DROWSINESS.
ALCOHOL MAY INTENSIFY THIS EFFECT.
USE CARE WHEN OPERATING A CAR
OR DANGEROUS MACHINERY.MAY CAUSE
HEADACHE.

Rx: 116 960752 U&C \$23.20
CYCL10 Qty: 100 PLIVA
TD: 26Dec07 LF: DW: 26Dec07
DOB: 19Jan71 Sex: M NEW RX
RAR: N BC: Form: Y MD: DR T
RemQty: 0 TAB Cov MD: N
Days Supp: 33 SB: N EF: N SD: N
Input by: .E SA: Y Pkg: 100 CP:
NDC: 50111-0563-01

CC Comments: A 07360 01085

Rx Notes: 116 960752

Patient Notes: MR#: 12560857 STRINGER, JIMMY T.
M:\$ 22.20 W:\$ 18.52 DAW/SC:NCLINICAL CHECKING FOR: Rx#116 960752 MR#12560857 STRINGER, JIMMY T.
CYCLOBENZAPRINE 10MG TABLETS

PERFORMED



Kaiser Foundation Health Plan Pharmacy (510)752-1033
 3801 Howe St, 3rd FL OAKLAND
Rx# 116 960750 Refill: (510)752-7651
 Dr: SHARPTON, THOM
 NORTRIPTYLINE 10 MG CAPSULES
 For: PAMELOR/AVENTYL Qty: 100 CAPS
 white green oblong capsule "NORTRIPTYLINE/DAN 10mg"
 Take 1 capsule orally daily at bedtime

00591-5786-01

57 HIGH 01/03
 New: 03 Refill: 00 TI:13:59 In:14:00
STRINGER, JIMMY T.
 CI Ck#: A 07360 01085 MR# XXXX0857

JIMMY	u&c	*	116 960750	\$	62.25 NM
JIMMY	u&c	*	116 960751	\$	21.75 NM
JIMMY	u&c	*	116 960752	\$	23.20 NM

STRINGER, JIMMY T. 26Dec07

Refills Left: 3 Please call 24 hours in advance

Mfg: WATSON PHA Discard After:

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed

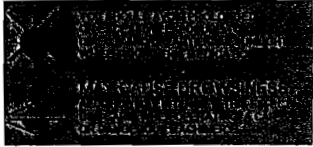
26Dec07 Total Price: \$107.20



Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed

COUNSEL

Provide
MedGuide



IT IS VERY IMPORTANT THAT YOU TAKE
OR USE THIS EXACTLY AS DIRECTED.
DO NOT SKIP DOSES OR DISCONTINUE
UNLESS DIRECTED BY YOUR DOCTOR.

MAY CAUSE
DIZZINESS



WARNING: DO NOT USE
WHILE YOU ARE BREASTFEEDING.
CONSULT YOUR DOCTOR OR PHARMACIST.

Rx: 116 960750 U&C \$62.25
 PAME10 Qty: 100 WATS
 TD: 26Dec07 LF: DW: 26Dec07
 DOB: 19Jan71 Sex: M NEW RX
 RAR: N BC: Form: Y MD: DR T
 RemQty: 300 CAP Cov MD: N
 Days Supp: 100 SB: N EF: N SD: N
 Input by: .E SA: Y Pkg: 100 CP:
 NDC: 00591-5786-01

CC Comments: A 07360 01085

Rx Notes: 116 960750

Patient Notes: MR#: 12560857 STRINGER, JIMMY T.
 M:\$ 19.00 W:\$ 6.95 DAW/SC:N

CLINICAL CHECKING FOR: Rx#116 960750 MR#12560857 STRINGER, JIMMY T.
NORTRIPTYLINE 10 MG CAPSULES

PERFORMED

Potential Drug Food/Alcohol Interactions...

CLINICAL CHECKING FAILED - CHECK PROFILE

Drug-Drug Interactions...

CLINICAL CHECKING FAILED - CHECK PROFILE

Duplications...

CLINICAL CHECKING FAILED - CHECK PROFILE

Qty Days

Qty Days



1411 E 31ST ST

Phone# 510-437-4221

12/15/06 17:33

Ticket# 000

PATIENT RECEIPT

JIMMIE STRINGER

1128 15TH ST

OAKLAND CA 946063854

Rx# H73939

REF: 0 OF 0

PREDNISONE TABS 10MG TAB

QTY: 27

NDC: 53489-0139-10

\$ 7.58

Rx# H73943

REF: 0 OF 1

HYDROCOD/APAP 5-500MG TAB

QTY: 30

NDC: 00406-0357-05

\$ 7.85

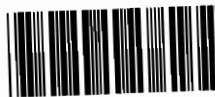
IGHLAND HOSPITAL OUTPATIENT PHARMACY

tx: 2

Expected to be ready:

09:00 AM Sat, 12/16/2006

46630



46630

46630

*** SAVE this ticket and present it for faster pick-up ****

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

THE PERMANENTE MEDICAL GROUP, INC. 0412210067

Patient Name Danny I Stringer Medical Record # 1560857 Rising No. 8237 INITIAL ☒ No Known Allergies ☐ Allergies List on Reverse (optional)

Address 5725 Date of Birth 10/24/56 Gender ☒ Male ☐ Female

	Medication, Strength (Put Integer, Left of Decimal) and Directions for Use ("Sig")	Initial Quantity	# of Refills "No Refills"	Refill Quantity	Refill Quantity	Initial as Applicable
#1	<u>Viocor 56</u> <u>Do Not Substitute</u>	<u>10</u>	<input checked="" type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over	Worker's Comp.
#2	<u>Do Not Substitute</u>		<input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over	Worker's Comp.
#3	<u>Do Not Substitute</u>		<input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over	<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 & over	Worker's Comp.

NUMBER OF ITEMS PRESCRIBED: 1 (All prescriptions void if number of items not noted.) ☐ Spanish Label

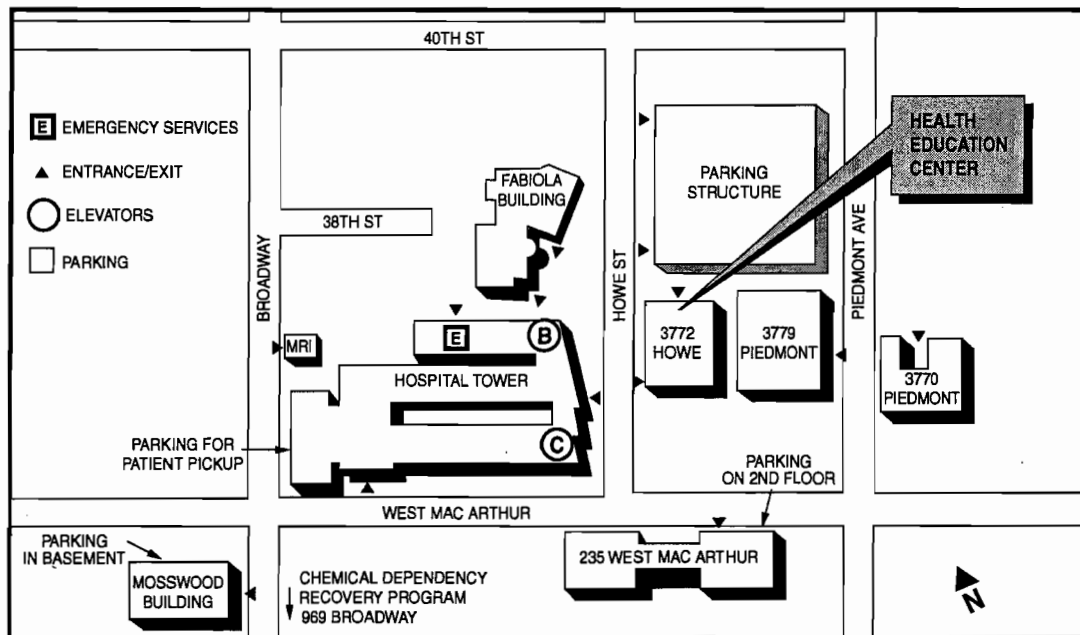
Unless respective space is initiated, a Pharmacist may adjust "Sig" pin and dispense Pharmacy & Therapeutic Committee approved alternate.
I.e., Generic, Pkg. Size / Qty., Dosage Form/Strength or Therapeutic Equivalent.

DENNIS A. CONYERS, M.D.
EMERGENCY • (510) 752-7667
280 W. MACARTHUR BLVD.
OAKLAND, CA 94611
CA LIC NO G-46352 • DEA NO AC-1363364
RESOURCE NO 2958336

12/12/07 DATE 5/18/06 RX-1252 (7-04)

KP Formulary Code _____ or initial _____ if NE intended

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO SEE THE MARK WHEN CHECKING AUTHENTICITY.



Wheelchair Access to the Main Hospital. There are two wheelchair accessible entrances to the Main Hospital. One is on the corner of Mac Arthur Blvd. and Howe Street. The other is on Howe Street, just before the Emergency parking lot.

Making an Appointment

- If you are within the facility, use a house phone and dial just the last five digits.
- If outside the facility, dial the full phone number.

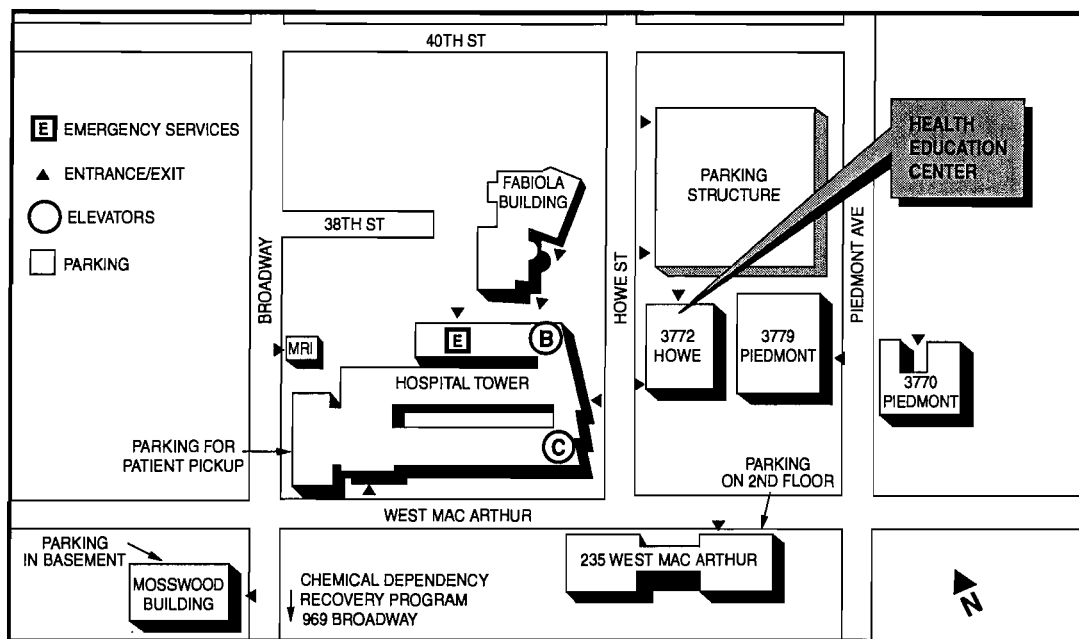
Self-Referral Appointment Numbers	Physician Referral Appointments
Allergy 752-1150	Cardiology..... 752-6474
Behavioral Health Classes 752-1075	Dermatology 752-1145
Chemical Dependency Recovery Program (CDRP) 251-0121	Gastroenterology (GI) 752-1282
Health Education Classes 752-6150	Head & Neck Surgery..... 752-1115
Health Education Center 752-6204	Neurology 752-1088
Medicine..... 752-1190	Occupational Health Svcs 752-1244
Nutritional Services..... 752-6097	Oncology 752-1295
Ob/Gyn 752-1080	Orthopedics 752-1155
Ophthalmology/Optometry (Eye) 752-1235	Podiatry 752-1231
Pediatrics 752-1200	Pulmonary/Renal 752-1282
Psychiatry 752-1075	Rehabilitation Svcs..... 752-6179
	Surgery 752-1105
	Urology 752-6789

Member Services (800) 464-6000



KAISER PERMANENTE®

Oakland Medical Center



Wheelchair Access to the Main Hospital. There are two wheelchair accessible entrances to the Main Hospital. One is on the corner of Mac Arthur Blvd. and Howe Street. The other is on Howe Street, just before the Emergency parking lot.

Making an Appointment

- If you are within the facility, use a house phone and dial just the last five digits.
- If outside the facility, dial the full phone number.

Self-Referral Appointment Numbers	Physician Referral Appointments
Allergy 752-1150	Cardiology 752-6474
Behavioral Health Classes..... <i>Steve</i> 752-1075	Dermatology 752-1145
Chemical Dependency Recovery Program (CDRP) 251-0121	Gastroenterology (GI) 752-1282
<u>Health Education Classes</u> <i>Steve</i> 752-6150	Head & Neck Surgery..... 752-1115
Health Education Center 752-6204	Neurology 752-1088
Medicine..... 752-1190	Occupational Health Svcs 752-1244
Nutritional Services..... 752-6097	Oncology 752-1295
Ob/Gyn 752-1080	Orthopedics 752-1155
Ophthalmology/Optometry (Eye) 752-1235	Podiatry 752-1231
Pediatrics..... 752-1200	Pulmonary/Renal 752-1282
Psychiatry 752-1075	Rehabilitation Svcs..... 752-6179
	Surgery 752-1105
	Urology 752-6789

Member Services (800) 464-6000



KAISER PERMANENTE®

Oakland Medical Center

PRESCRIPTION HAS AN ENCRYPTED MICROPRINT BACKGROUND - NANOCOPY™
00210

Tanisha Medlock, M.D.
LIC#A91707 • DEA#BM9302376
California Pacific Medical Center
Emergency Department
2333 Buchanan St.
San Francisco, CA 94115
(415)600-3333 • Fax (415)600-3124

VOID APPEARS WHEN COPIED

Rx Name Jimie Stanger D.O.B. 11/9/71
Address 1046 Franklin St. CA

1) Vicodin 75-100 po q4-6hr dispense 20 tabs per pain	Quantity: <input checked="" type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills <u>0</u> 0-1-2-3-4-5 <input type="checkbox"/> Do not substitute Initial _____
2)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ 0-1-2-3-4-5 <input type="checkbox"/> Do not substitute Initial _____
3)	Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____ Refills _____ 0-1-2-3-4-5 <input type="checkbox"/> Do not substitute Initial _____

Prescription is void if the number of drugs prescribed is not noted. ☐ 1 ☐ 2 ☐ 3

Signature: [Signature] Date: 8/19/06

TouchSafe® TOUCH OR BREATHE ON TOUCHSAFE® FINGERPRINT TO VALIDATE FB22EN

NOTE: SECURITY BACKPRINT • NUMBERING • SAFETY PAPER

[illegible]

SECURITY KEY IS PRINTED ON THE REVERSE SIDE

Alta Bates **Summit**
Steven Sornisin, M.D.
2450 Ashby Ave.
Berkeley, CA 94705
(510) 204-2500 fax: (510) 548-0318

www.scriptQ.com
California Security Prescription form
00105

Batch: 24750.1.2

License # G59897
DEA # AS2979651

Name Shirley, Jimmie Date 8/25/06
Address 1446 Franklin St Oakland, CA
Viador Day
579 1-2 PM Q 4 PM
#15 fifteen same

☐ 21-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over

Units _____

Refill 1 2 3 4 5 Void after 8/31/06
Patent: #5,636,874

☐ Dispense As Written
☐ Do Not Substitute

Signature Jimmie #Drugs prescribed One

Touch Prescription is VOID if the number of drugs prescribed is not noted

Downtown Oakland Clinic (DOC)/Supportive Housing (SHP)

A division of LifeLong Medical Care

616 16th Street Oakland, CA 94612

(510) 451-4270; Fax (510) 451-4285

☐ Alfred Adams, MD
CA Lic. # G51928
DEA # BA8753130

☐ Susan Ferguson, MD
CA Lic. # A68471
DEA # BF7688394/XBF7688394

☐ Anna Villena, NP
CA Lic. # 10087
DEA # MV054963

☐ Leonard Kaku, NP
CA Lic. # 10411
DEA # Pending

☐ Britta Nelson, PA
CA Lic. # PA18211
DEA # MN1353894

FOR:

Stringer, Jimmie

DATE:

1/25/07

RX:

Back Brace, upper

#1

1 PR

Refills 0 1 2 3 4 5 6

() Non-Refillable

Provider Signature

() Label in Spanish

() Authorization given for dispensing by non-proprietary name unless checked here.

Neida White, MD

G78429

NAME: _____ MRN: _____ DATE: _____ DR. _____

MEDICATION	am	afternoon	evening
Neurontin 800mg 12/18-12/25	0	0	1/2
12/26-1/3	0	1/2	1/2
1/4-1/11	1/2	1/2	1/2
1/12-1/19	1/2	1/2	1
1/20-1/27	1/2	1	1
1/28-2/5	1	1	1

GENERIC NAME	TRADE NAME	COMMON PILL SIZES
carbamazepine	Tegretol	100mg, 200mg
carbamazepine-XR	Tegretol-XR	100mg, 200mg, 400mg
clonazepam	Klonopin	0.5mg, 1mg, 2mg
felbamate	Felbatol	400mg, 600mg
gabapentin	Neurontin	100mg, 300mg, 400mg
lamotrigine	Lamictal	25mg, 100mg, 150mg, 200mg
phenobarbital	phenobarbital	15mg, 30mg, 60mg
phenytoin	Dilantin	30mg, 50mg, 100mg
primidone	Mysoline	50mg, 250mg
topiramate	Topamax	25mg, 100mg, 200mg
valproic acid or valproate	Depakote	250mg, 500mg

Document Name: untitled

NODE:HNA-0271 ENV:325 USERNAME:PHYSICIAN/NURSE

PNS (00000)14560031

STRINGER, JIMMIE T

S225

33 YRS. M DOB 01/19/71

Result not available

ANSLEY, JOSEPH D

1 A Oxycodone-APAP 325-5mg Tab	ORAL		
2 A Ibuprofen 600mg (Q) Tab UPJ	ORAL		
3 A Venlafaxine 37.5mg Tab WYE	ORAL		*
4 D Diazepam 5mg Tab	ORAL	PYXIS	P 05/22 05/22
5 D Oxycodone-Acetaminophen 5-3-2 Tab/2 Tab	ORAL	PYXIS	P 05/22 05/22
3 D Oxycodone-Apap 5-325 TAB MA	ORAL		03/24a
7 D Sertraline 50mg (Q/I) Tab P	ORAL		03/24a*
3 D Ibuprofen 800mg TAB *	ORAL		03/24a
1 D Clonazepam 0.5mg TAB TEV 10	ORAL		03/24a*
1 D Gabapentin 800mg (Q) Tab PA	ORAL		03/24a*
D Oxycodone-Apap 5-325 TAB MA	ORAL		11/04a
D Oxycodone-Acetaminophen 5-3 + Tab/1 Tab	ORAL	PYXIS	P 10/12 10/12
* * * more data * * *			

ne number:

Document Name: untitled

NODE:HNA-0174 ENV:325 USERNAME:PHYSICIAN/NURSE

PNS (00000)14560031

STRINGER, JIMMIE T

M158

31 YRS M DOB 01/19/71

Result not available

Sum nka Prof rxHist Frm

A 005701613 Gabapentin 300mg (F)	360.0	3.0	04/12	04/12	U-R
R 005701614 Amitriptyline 25mg (*)	30.0	3.0	04/12	04/12	U-R
R 005690037 Diazepam 5mg TAB ESI	55.0	2.0	03/29	03/29	GHS-PH
R 005690036 Gabapentin 300mg (F)	180.0	2.0	03/29	03/29	GHS-PH
R 005665399 Cyclobenzaprine 10mg	60.0	2.0	02/28	02/28	GHS-PH
R 005665398 Ibuprofen 400mg (F) T	70.0	2.0	02/28	02/28	GHS-PH
D 005627191 Hydrocodone-Apap 5-50	10.0	0.0	01/12	01/12	UC
D 005627177 Penicillin 250mg TAB	80.0	0.0	01/12	01/12	U-R
D 005627178 Hydrochlorothia 25mg	10.0	0.0	01/12	01/12	UC
D 005621413 Ibuprofen 800mg (F) T	60.0	0.0	01/05	01/05	UC

available



7/15/02

To Atlanta Housing Authority

Please take this as verification that Mr. Jimmy Stringer is disabled due to Charcot-Marie-Tooth Disease, also known as Hereditary sensorimotor polyneuropathy Type I. This has been verified by Electromyography & clinical exam. This causes slow but steady nerve degeneration & prevents him from physical labor. Please call with questions.

Dr. Richard M.D.

Ischke 991141, 18132
Grad Neurology Dept

1974

Bowen Y. Wong, MD
Neurology

October 18, 2007

Jaime Cortes, MD
2647 International Blvd.
Oakland, CA 94601

RE: Jimmie Stringer

DOB: 1/19/1971

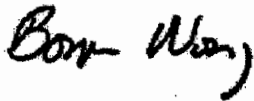
Dear Jaime Cortes, MD,

This gentleman was scheduled to see me today for electrodiagnostic examination. I learned from Mr. Stringer that he already had extensive testing when he was still living in Atlanta, Georgia and was diagnosed with Charcot Marie Tooth's disease at Grady Hospital. He had extensive testing in 2002, 2003, or 2004. His cousin has it too. For the most part, there is no treatment for this diagnosis. Given that he is already diagnosed, there is no need to duplicate the prior extensive testing he already had. Apparently he recalls the name of Dr. Habib. *Therefore no electrodiagnostic examination was performed today. Perhaps it would be better if you retrieve his prior medical records first to avoid subjecting him to this uncomfortable test. He only recently moved to the East Bay.*

He also mentions right knee arthritis for an injury from electrical work. He further states "My metatarsal bone is hurting too much." It seems that he has a pain syndrome causing disability and need for a cane. This sounds like an orthopedic problem. If he needs further pain management, I suggest a referral to a pain management specialist.

Please contact me if you have any questions or concerns.

Sincerely,



Bowen Y. Wong, MD
BYW: Dictated Using Dragon Naturally Speaking

Alameda Co Medical Center == Highland Campus Emergency Dept
1411 East 31st St., Oakland, CA 94602 == (510) 437-4559

Pt Name: Stringer, Jimmie
Pt Acct#: 1008111484 MR#: 016553315

Pt Name: Stringer, Jimmie
MD ED: Snoey E.
Res/PA/NP: Moran M.

DI Prntd: 5/15/2007 1845
RN Eval: Deirdre A.

AFTERCARE INSTRUCTIONS

We are pleased to have been able to provide you with emergency care. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition. Your diagnoses/prescriptions today are:

Dx 1: Spasm of Muscle
Misc Instr 1: HIV Negative

General Information on MUSCLE CRAMPS

DEFINITION - Muscle cramps are painful involuntary contractions of muscles caused by abnormalities of the nervous system or exercise-related changes in muscle-cell chemistry.

BODY PARTS INVOLVED - Muscles; Nervous System.

SEX OR AGE MOST AFFECTED - All ages, both sexes.

SIGNS & SYMPTOMS - Painful, involuntary contractions of muscles, usually in the leg. Swimming, more than other sports, causes leg cramps in athletes during exercise.

CAUSES

- * Vigorous physical activity.
- * Inadequate warm-up before engaging in strenuous physical activity.
- * In swimmers, the cause of leg cramps is frequently unknown, and their presence does NOT suggest an underlying disorder.

RISK INCREASES WITH

- * Calcium deficiency.
- * Nerve disorders, such as pressure on nerve roots near the spinal cord, or abnormalities of nerve fibers near where they leave the spinal cord.
- * Enzyme deficiency (temporary).
- * Diabetes, alcoholism, chronic kidney disease, a variety of medications, Buerger's disease, all of which can cause damage to the peripheral nerves and thereby cause muscle cramps.

HOW TO PREVENT

- * Undertake a slow, thorough conditioning program prior to beginning vigorous physical activity, including swimming.
- * Consult your doctor if you take any medicine and develop cramps. Discontinuing or modifying the dosage may prevent recurrent cramps.
- * If you have an enzyme deficiency, there is no treatment except to reduce sports activities below the level that produces cramps.
- * Don't smoke. Avoid polluted air while exercising. Both may decrease oxygen flow to the muscles. Oxygen is needed in the muscles to avoid cramps.

WHAT TO EXPECT

APPROPRIATE HEALTH CARE - Physical therapy, including warm soaks, applications of heat or ice, whirlpool or gentle massage that may help with residual pain and soreness in cramped muscles.

DIAGNOSTIC MEASURES

After Visit Summary - PATIENT CONFIDENTIAL

Jimmy T Stringer (MRN110012560857)

Visit Information	Date & Time	Provider	Department	Dept Phone
	02/11/2008 8:50 AM	THOMAS SHARPTON MD	Oak-Fb3b >Main Campus	510-752-1030 X1030

Your Primary Care Providers	Provider	PCP Type
	THOMAS SHARPTON MD	General

Vitals - Last Recorded	BP	Pulse	Temp (Src)	Ht	Wt
	138/83	58	98.2 °F (36.8 °C) (Oral)	5' 11"	174 lbs (78.926 kg)

BMI Data	Body Mass Index	Body Surface Area
	24.27 (kg/m^2)	1.99 (m^2)

BMI or Body Mass Index is a way of correcting weight for different individual heights, giving doctors a way of comparing individuals. Then an assessment can be made about whether the patient is at a healthy weight, is overweight or has serious obesity.

A BMI of 25 or less is considered a healthy weight.

A BMI of 25 to 30 is overweight.

A BMI of 30 and above is obese. Obesity is a medical term and is not derogatory or judgmental. Patients with a BMI over 30 are encouraged to begin serious weight management.

A BMI over 40 is morbidly obese. There are medical problems associated with a BMI over 40 and patients should discuss treatment strategies with their physicians.

Pharmacy	Pharmacy Name
	OAK FAB B 3RD FL

Pharmacy Address and Hours	Address	Hours
	3801 Howe St OAKLAND, CA 94611	M - F 0900 - 1715, cl 1245 - 1345

Allergies as of 2/11/2008 (No Known Allergies)

Date Reviewed: 2/11/2008

Patient Instructions None

Future Appointments	Date	Time	Visit Type	Department	Provider	Length
	2/11/08	8:50 AM	OFFICE VISIT	OAK-FB3B >MAIN CAMPUS	SHARPTON, THOMAS (M.D.)	20



- ☐ Inpatient Medical Record
☐ Outpatient Chart

MR #: 41518 FOUNDATION HOSPITAL
 NAME: JIMMY T
 01/19/21
 1256085
 2007 JUN 15 15:15

EMERGENCY SERVICES AFTER-CARE INSTRUCTIONS

The Emergency Department (ED) gives care to patients requiring immediate medical attention. These instructions can help you get any further care that may be needed. **If the condition you were treated for worsens, if unexpected problems arise, or if you are not able to get the recommended follow-up treatment, phone or return to the Emergency Department (752-7667).**

Your diagnosis: *ankle pain*

The doctor(s) who treated you in the ED: *J. Wong*

- ☐ Please contact your regular doctor for follow-up. You should communicate with your doctor by phone or e-mail, or see them, within _____ days. Many doctors are reached easily via e-mail. You can look up your doctor's home page and send them e-mail at permanente.net/doctor
- ☐ An appointment has been scheduled for you in the _____ Department with Dr. _____ as follows: Date: _____ Time: _____
- ☐ A referral (eConsult) has been made for you to the _____ Department. You should be contacted _____. If you have not been contacted by then, please call that department.
- ☐ Please call the department below and make an appointment. You should be seen in about _____ days.

Please bring this sheet with you to any future appointments.

- | | | | | | |
|--------------------------------------------|----------|------------------------------------------------|----------|--------------------------------------|----------|
| <input type="checkbox"/> Dermatology | 752-1145 | <input type="checkbox"/> Occupational Medicine | 752-1244 | <input type="checkbox"/> Psychiatry | 752-1075 |
| <input type="checkbox"/> ENT/HNS | 752-1115 | <input type="checkbox"/> Orthopedics | 752-7484 | <input type="checkbox"/> Surgery | 752-1105 |
| <input type="checkbox"/> Eye | 752-1235 | <input type="checkbox"/> Chemical Dependency | 251-0121 | <input type="checkbox"/> Urgent Care | 752-1190 |
| <input type="checkbox"/> Internal Medicine | 752-1190 | Rehab Program (CDRP) | | <input type="checkbox"/> Urology | 752-6789 |
| <input type="checkbox"/> Neurology | 752-1088 | <input type="checkbox"/> Pediatrics | 752-1200 | <input type="checkbox"/> Other: | _____ |
| <input type="checkbox"/> Ob/Gyn | 752-1100 | <input type="checkbox"/> Podiatry | 752-1231 | | |
- ☐ The following printed instructions have been given to you: _____

Please read them carefully now. Ask the ED staff for any further explanation before you leave.

- ☐ eRx ☐ Paper prescription for: _____

was sent to this pharmacy: ☐ Discharge ☐ Fabiola 1 ☐ _____. You may pick it up now.

- ☐ Try to cut back or stop smoking completely. For more information and support, call Health Education at 752-6150.
- ☐ Blood pressure check within 1 week. Call your regular doctor or Urgent Care to set up an appointment.
- ☐ **X-ray reading in the ED is preliminary.** We'll contact you within 48 hours if the final reading changes your treatment.
- ☐ **Warning:** You received a drug in the ED that may cause drowsiness. Do not drive or take alcohol for the next ____ hrs.
- ☐ For fever/pain try ibuprofen (Motrin/Advil): _____ pills mgs mls tsps every _____ hrs for _____ days
- ☐ For fever/pain try acetaminophen (Tylenol): _____ pills mgs mls tsps every _____ hrs for _____ days
- ☐ Return to the ED for **recheck/suture removal** in _____ hours/days.

I, the undersigned, acknowledge receipt of all the instructions checked above, with special instructions noted below.

INSTRUCTIONS ISSUED BY (PRINT NAME)

J. Wong

INSTRUCTIONS REVIEWED BY (PRINT NAME)

Noreen King

Special instructions: *Return if new or worse symptoms*

PATIENT OR GUARDIAN SIGNATURE

X [Signature]

PHONE NUMBER

DATE

6/17/07

TIME

2149

EMERGENCY DEPARTMENT AFTERCARE INSTRUCTIONS

The examination and treatment that you received in the Emergency Department have been rendered on an emergency basis only. They are not intended to be a substitute for, or an effort to provide, complete on-going medical care. In most cases you must let your own doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries and illnesses in a single Emergency Department visit. If you had x-rays or other special tests, they will be reviewed. If a change in your treatment or follow-up is required, you will be contacted.

IT IS ESSENTIAL THAT YOU CAREFULLY FOLLOW THE INSTRUCTIONS BELOW:

Lab test results: ☐ Lab pending Call 204-7708 for lab results in _____ days, between 11 am and 11 pm

Your diagnosis is: Back Pain

Your Emergency Physician has been: Lu **Physician Assistant:** _____

Your current medications (if any) have been reviewed today. There is:

☐ No change in your medications ☐ New medications have been added (see below)

☐ Stop the following medications _____

☐ Change the dose of the following medications _____

Follow-Up Instructions: If you notice any worsening of your symptoms, promptly call your referral doctor or return to the Emergency Department.

☒ Call as soon as possible to arrange for a follow-up appointment in 2 days. ☐ If needed

Dr. _____ Phone _____ ☐ See clinic list on back of sheet

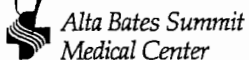
☐ Recheck in the Emergency Department in _____ days.

Instruction sheets: Back Pain ☒ Computer instructions

Additional instructions: _____

If you have been given a sedative or narcotic medication, do not drive, drink alcohol or operate machinery for 8 hours. I received and understand the above instructions:

X Jimie Stringer X Lu Date 2/22/08 D/C Time 0110
Patient or Representative Hospital Staff

**Emergency Department School/Work Excuse:**

_____ was seen in the Emergency Department on _____.

He/She should be able to return to work/school on _____ with the following restrictions: _____

MD / PA-C

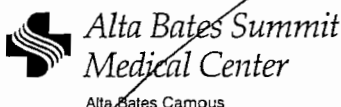
Emergency Department Prescription 2450 Ashby Avenue, Berkeley, CA 94705 (510) 204-2500

Name: _____ Address: _____ Date: _____

Medication	Mg.	Disp	Sig

DEA # _____ Signature _____ MD/PA-C Print Name (and circle on reverse side) _____ CA Lic # _____

9528 (06/06)



EMERGENCY DEPARTMENT AFTERCARE INSTRUCTIONS

COPIES: WHITE-PATIENT YELLOW-MEDICAL RECORD

STRINGER, JIMMIE
1031268 0632501260 AER
35Y M 01/19/71 X ERA
LIU, MICHAEL Y ERA
km17066





Lifelong Medical Care

P.O. Box 11247
Berkeley, CA 94712

Date:

02/09/2007

DOWNTOWN OAKLAND CLINIC

JIMMIE T. STRINGER
PO BOX 1421
OAKLAND CA 94604

Your appointment for:

NEUROLOGY

has been scheduled for:

WEDNESDAY 03/14/2007 02:00PM

at the following office or hospital:

RICHARDSON, BRIAN/NEURO/BERKELE
3000 COLBY ST #201
BERKELEY, CA 94705
510-849-0499

On the day of your appointment:

- 2850 T
110
- 1) Please arrive at the location 20 minutes early to register.
 - 2) Bring this reminder letter and all your medications with you to the office.
 - 3) Bring your current insurance card - the office will need a copy

If you have questions about this appointment, please
contact

DOWNTOWN OAKLAND CLINIC

510/451-4270 x4624

Say that you are calling about referral number:

033228

**If you need to change the date or time of this appointment
please call the office or hospital at the above phone number**

Thank you.

The doctor's office
will mail you a
registration packet,
please bring with
you to the appointment

Bring Medical &
Medicare cards
Bring all attach
documents
Bring photo ID

Appointments

Lifelong Medical Care
Downtown Oakland Clinic
616 16th Street
Oakland, CA 94612

Phone: (510) 451-4270

Fax: (510) 451-4285

Patient: Jimmie Stringer Provider: White

Comments: Call in Dec for appt.

☐ Medical: Short / Long ☐ Labs ☐ Fasting

☐ Psych-Social: New / Follow Up Other: _____

Please make an appointment in _____ days/wks/mos

☐ OK TO DOUBLE BOOK

PLEASE BRING A LIST OF YOUR PRESCRIPTIONS

Your appointment is with / Su cita es con:

Provider: _____ Reason: _____

Date/Fecha: ____/____/____ Time/Hora: _____ AM/PM

NOTICE / NOTA

****Please give us 24 hour notice if you cannot keep you appointment and need to cancel.**

****Por favor denos un aviso de 24 horas siusted no puede asistir a su cita y necesita cancelar.**

*re:
Jimmie Stringer*

*neuro most
complete*

OR I'll do

*P neuro sees pt
if indicated
pls advise pt.
White
2/2/07*

Lifelong Medical Care
Downtown Oakland Clinic
616 16th Street
Oakland, CA 94612

Phone: (510) 451-4270 Fax: (510) 451-4285

P: STRINGER, JIMMIE T 087328
M DOB: 01/19/1971 404-227-0231
C: B-MEDICARE (255276925A) A
[] 017-WHITE, /NOT ASSIGN 11/03/06
[] sting

☐ Psych-Social: **New / Follow Up** ☐ Other: _____

Please make an appointment in 2 days/wks/mos

☐ OK TO DOUBLE BOOK

PLEASE BRING A LIST OF YOUR PRESCRIPTIONS

Your appointment is with / Su cita es con:

Provider: _____ Reason: _____

Date/Fecha: ____ / ____ Time/Hora: ____ AM/PM

NOTICE / NOTA

**Please give us 24 hour notice if you cannot keep you appointment and need to cancel.

**Por favor denos un aviso de 24 horas siusted no puede asistir a su cita y necesita cancelar.

Lifelong Medical Care
Downtown Oakland Clinic
616 16th Street
Oakland, CA 94612

Phone: (510) 451-4270 Fax: (510) 451-4285

Patient: Jimmie Stringer Provider: White

Comments: _____

☐ Medical: **Short / Long** ☐ Labs ☐ Fasting

☐ Psych-Social: **New / Follow Up** ☐ Other: _____

Please make an appointment in _____ days/wks/mos

☐ OK TO DOUBLE BOOK

PLEASE BRING A LIST OF YOUR PRESCRIPTIONS

Your appointment is with / Su cita es con:

Provider: Dr. White Reason: Physical

Date/Fecha: 11 / 03 / 06 Time/Hora: 2:00 AM/PM

NOTICE / NOTA

**Please give us 24 hour notice if you cannot keep you appointment and need to cancel.

**Por favor denos un aviso de 24 horas siusted no puede asistir a su cita y necesita cancelar

To This Day

Lifelong Medical Care
Downtown Oakland Clinic
616 16th Street
Oakland, CA 94612

Phone: (510) 451-1270
Patient: STRINGER, JIMMIE T 087328
M DOB: 01/19/1971 404-227-8231
Com B-MEDICARE (255276925A) A
☒ N 017-WHITE / NOT ASSIGN 08/11/06

☒ Psych-Social: New/Follow Up Other:
Please make an appointment in 3-4 days/wks mos
☒ OK TO DOUBLE BOOK *Physian*

PLEASE BRING A LIST OF YOUR PRESCRIPTIONS

Your appointment is with / Su cita es con:

Provider: Reason: Date/Fecha: / / Time/Hora: AM/PM

NOTICE / NOTA

**Please give us 24 hour notice if you cannot keep you appointment and need to cancel.
**Por favor denos un aviso de 24 horas siusted no puede asistir a su cita y necesita cancelar.

NOTICE / NOTA

**Please give us 24 hour notice if you cannot keep you appointment and need to cancel.
**Por favor denos un aviso de 24 horas siusted no puede asistir a su cita y necesita cancelar.

Rejected plaintiff that day
10-27-06

Appointment Confirmation

We have made the following appointment for you:

Patient: JIMMY T. STRINGER

Your Medical Record Number is: 12560857

Date / Time : Tuesday, December 4, 2007, at 9:00 a.m.
With : N KY DPM
Location : PODIATRY
3772 HOWE STREET - BASEMENT

CANCELLATION INFORMATION:

To cancel only : (510) 752-6516 Mon-Fri 9:00 a.m. to 4:30 p.m.

To cancel and reschedule : (510) 752-1231 Mon-Fri 9:00 a.m. to 4:30 p.m.

3772 HOWE ST. BASEMENT. PLEASE BRING HEALTH PLAN CARD
AND PHOTO ID.

THIS IS A HEELPAIN CLASS PLEASE REGISTER 3772 HOWE ST.
BASEMENT.

11/13/07

Highland Hospital
Clinic Scheduling Unit
1411 E. 31st St
Oakland, CA 94602

You have an appointment with
PODIATRY (M/W) 7 FL K BLDG

on 10/01/2007 at 08:30AM

JIMMIE STRINGER
644 14TH ST #APT 14
OAKLAND, CA 94606

PARKING WILL BE AVAILABLE FOR \$1.25/HR
UP TO 5 HOURS THEN \$10.00/DAY

IF YOU WISH TO CANCEL OR RESCHEDULE YOUR APPOINTMENT, CALL
ORTHOPEDICS / ALL OTHER CLINICS
437-8538 437-8500

<p style="text-align: center;">A</p> <p>ALAMEDA COUNTY MEDICAL CENTER HIGHLAND HOSPITAL CAMPUS</p> <p style="text-align: center;">ADULT MEDICINE CLINIC APPOINTMENT SLIP</p> <p>TRANSLATOR NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>LANGUAGE NEEDED</p> <p>Return to <u>Pediatric</u> Clinic Dr. <u>TR A</u></p> <p>AM <input type="checkbox"/> PM <input type="checkbox"/></p> <p>1 2 3 4 <u>5</u> 6 <input type="checkbox"/> days <u>8</u> weeks <input type="checkbox"/> months</p> <p>Patient's Phone No.: _____</p> <p>Today's Date: <u>10/1/07</u></p>	<p style="text-align: center;">B</p> <p style="text-align: center;">TYPE OF APPOINTMENT</p> <p><input type="checkbox"/> Return <input type="checkbox"/> Overbook <input type="checkbox"/> SDA <input type="checkbox"/> Nurse Visit <input type="checkbox"/> Other _____</p> <p>PLEASE BRING YOUR HOSPITAL IDENTIFICATION CARD, ANY INSURANCE INFORMATION, MEDICARE/MEDICAL OR GREEN FINANCIAL STATUS CARD WITH YOU TO THE CLINIC.</p> <p style="text-align: center;">APPOINTMENT CENTER (510) 437-8500</p>	<p style="text-align: center;">C</p> <p>IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE CALL THE APPOINTMENT CENTER FOR A NEW TIME AND DATE: (510) 437-8500</p> <p>PLEASE BRING THIS APPOINTMENT SLIP WITH YOU AND ARRIVE 30 MINUTES BEFORE YOUR APPOINTMENT TIME.</p> <p>PLEASE BRING ALL OF YOUR MEDICATIONS WITH YOU.</p> <p>An appointment has been made with Dr. _____</p> <p>In the _____ Clinic DATE <u>10/1/07</u> mo. day day of week Time: _____ AM / PM Location: _____</p>
<p>AKA STRINGER, JIMMIE 1008989392 MR 016553315 01/19/71 M ENGLISH HPO ADM DT 10/01/07 R</p>		

White - Patient

Yellow - Department